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| **Equity capability for health promotion practitioners: from ‘competence’ to ‘safety’** |
| **Setting/problem**  Health professionals and the organisations and systems in which we practise contribute to inequities in health outcomes between population groups. In recent years there has been an increasing focus in many jurisdictions on equity capability among health professionals. A range of different approaches have been adopted, which can be broadly conceptualised on a continuum from ‘cultural competence’ to ‘cultural safety’. While the former originated from a desire to understand the cultural ‘other’, the latter emphasises self-awareness and a shift in power from the practitioner to the recipient of care.  **Intervention**  We reviewed the literature on equity capability in health professional contexts in order to inform a review of policies and resources on cultural competence and Māori Health for the Medical Council of New Zealand (MCNZ). A draft framework for cultural safety and a revised statement that moves from cultural competency to cultural safety framing has been recommended to the MCNZ.  **Outcomes**  Recent scholarship in the field of health professional education and practice strongly supports an approach consistent with cultural safety in order to advance equity capability. It also highlights potential problems associated with a cultural competence framing that emphasises learning about other ‘cultures’. A cultural safety orientation requires health professionals to examine and address their own biases, attitudes, assumptions, stereotypes and prejudices, as well as the power relationships inherent in their practice.  **Implications**  The outcomes of this work signal the need for a shift in the education, training and ongoing professional development of public health practitioners with respect to equity capability. Educational programmes, competency standards and organisational processes must be aligned to support the development of critical consciousness among learners and practitioners. This will involve health promoters and their organisations engaging in ongoing reflection and being accountable for providing culturally safe services as defined by communities.  **Preferred presentation format**  Oral |